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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/771,591	01/30/2001	Jong-Sung Kim	8733.385.00	8956
	7590 10/29/2007 ONG & ALDRIDGE LLP		EXAM	INER
1900 K STREE		· · ·	TON, MINH TOAN T	
WASHINGTO:	N, DC 20000		ART UNIT	PAPER NUMBER
•			2871	
			MAIL DATE	DELIVERY MODE
			10/29/2007	PAPER

Please find below and/or attached an Office communication concerning this application or proceeding.

The time period for reply, if any, is set in the attached communication.

·	Application No.	Applicant(s)	
Interview Summary	09/771,591	KIM, JONG-SUN	G ·
interview Summary	Examiner	Art Unit	
o	Toan Ton	2871	
All participants (applicant, applicant's representative, PTO	personnel):		
(1) <u>Toan Ton</u> .	(3)		
(2) <u>Eric Nuss</u> .	(4)		
Date of Interview: 23 October 2007.			
Type: a)⊠ Telephonic b)□ Video Conference c)□ Personal [copy given to: 1)□ applicant 2) applicant's representative	e]	
Exhibit shown or demonstration conducted: d) Yes If Yes, brief description:	e)⊠ No.		
Claim(s) discussed: <u>all</u> .	:		
Identification of prior art discussed: <u>US 6075582</u> .			;
Agreement with respect to the claims f) was reached. g)⊡ was not reached. h)⊠ N	I/A.	
Substance of Interview including description of the general reached, or any other comments: <u>Proposed language with a particular horizontal direction with the electrodes.</u> Further of	respect to the particular distan	ices was made, e	
(A fuller description, if necessary, and a copy of the amenda allowable, if available, must be attached. Also, where no coallowable is available, a summary thereof must be attached	ppy of the amendments that w		
THE FORMAL WRITTEN REPLY TO THE LAST OFFICE A INTERVIEW. (See MPEP Section 713.04). If a reply to the GIVEN A NON-EXTENDABLE PERIOD OF THE LONGER INTERVIEW DATE, OR THE MAILING DATE OF THIS INTERVIE A STATEMENT OF THE SUBSTANCE OF THE INTERVIEW DATE ON REVERSE SIDE OF THE STATEMENT.	last Office action has already OF ONE MONTH OR THIRTY ERVIEW SUMMARY FORM, \	been filed, APPI 'DAYS FROM T WHICHEVER IS	ICANT IS. HIS
		YTON EXAMINER	
Examiner Note: You must sign this form unless it is an Attachment to a signed Office action.	Examiner's signa	ature, if required	